



BLEEDING

First aid for bleeding is to stop the flow of blood to the wound. The first objective is to stop the bleeding, not to clean the wound. Do not use a tourniquet unless you are trained to do so. If you are not trained, do not use one. If you are trained, use one only if you are sure that you are using it correctly.

Wound Care

Do not use a tourniquet unless you are trained to do so. If you are not trained, do not use one. If you are trained, use one only if you are sure that you are using it correctly.

Electric Shock

Do not touch the victim or the power source. Turn off the power if you can do so safely. Do not touch the victim or the power source until you are sure that you are using the correct method.

Spitting

Do not touch the victim or the power source. Turn off the power if you can do so safely. Do not touch the victim or the power source until you are sure that you are using the correct method.

Leading to CPR: Mouth-to-Mouth Resuscitation

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PRIMARY RESPONSE

The human body is essentially a machine that runs on blood, air and energy. In first aid emergencies, your primary objective is to ensure that air and blood keep flowing. If breathing has stopped, restore it by performing artificial respiration. If blood flow has stopped (no pulse), restore it using external heart massage (CPR - cardio-pulmonary resuscitation). Check for blood or leaks, control leakage and seek medical assistance ASAP.

Conscious Victim Breathing

- Ask where they hurt or feel differently. Evaluate breathing. If victim is talking, breathing is probably OK for the time being. If they hold choking or look for chest wounds.
- Check for shock, fractures, burns and other obvious injuries.
- Position victim in the recovery position.

Recovery Position

1. Lay the victim on their side.
2. Bend the arm and leg forward to stop patient from lying flat.
3. Extend head and tilt jaw forward to keep airway open.

Unconscious Victim Breathing

If breathing is detected but you cannot wake the victim, do not start CPR but continue to call for medical help. Assess for spinal or other injuries.

- Do not move victim if you suspect spinal injury.
- If you do not suspect potential spinal injury, move them into the recovery position. An unaltered unconscious victim lying on their back may suffocate.

Unconscious Victim Not Breathing

Signs of blocked breathing include noisy, gurgling or irregular breathing and bluish lips, face or lack of breathing or pulse can be common signs of cardiac arrest.

- Roll victim onto back. Clear any obstruction from airway (tongue, teeth, vomit, etc.) by sweeping the inside of the mouth with a finger.
- Position head and open airway using jaw thrust method if you suspect spinal injury, otherwise use head-tilt/chin-lift method (see next panel for methods detail).
- Rescue breathe: pinch the nose and administer two quick breaths. Check for chest rise.
- If the chest isn't rising, reposition the head, blow again & begin chest compressions (CPR).

PRIMARY RESPONSE

1. Head Tilt

- Place the victim on their back.
- Place one hand on the forehead and push the hair back.
- Place the other hand on the chin and lift it up.
- Look for breathing.

2. Head Tilt/Chin Lift

- Place one hand on the forehead and push the hair back.
- Place the other hand on the chin and lift it up.
- Look for breathing.

3. Jaw Thrust

- Place the victim on their back.
- Place your fingers behind the victim's jawline.
- Push the jaw forward.
- Look for breathing.

4. Resuscitate

- Place the heel of your hand on the lower half of the breastbone and, with your fingers interlocked, push forward and press down about 2 in. (5 cm). The respiratory tract will compress the heart muscle and to squeeze oxygenated blood out into the body. Pressing too hard can crack the breastbone and ribs - be careful!
- Alternate 30 compressions with two lung inflations. If two people are available, have one give compressions and the other inflations.
- Repeat rhythmically about 100 times a minute.
- Resume patient after one minute. If no pulse, continue until medical assistance arrives or you are unable to continue. Continue mouth-to-mouth and CPR until victim begins breathing, or you are relieved by a qualified person, or other circumstances indicate.

5. CPR

Check for pulse by feeling the side of the windpipe or any arterial pressure point with your index and middle fingers. If none exists, administer external heart massage (CPR - cardio-pulmonary resuscitation).

1. Place heel of hand on lower half of breastbone and, with arms straight, rock forward and press down about 2 in. (5 cm). The respiratory tract will compress the heart muscle and to squeeze oxygenated blood out into the body. Pressing too hard can crack the breastbone and ribs - be careful!

2. Alternate 30 compressions with two lung inflations. If two people are available, have one give compressions and the other inflations.

3. Repeat rhythmically about 100 times a minute.

4. Resume patient after one minute. If no pulse, continue until medical assistance arrives or you are unable to continue. Continue mouth-to-mouth and CPR until victim begins breathing, or you are relieved by a qualified person, or other circumstances indicate.

6. Choking

Partial Blockage - Breathing becomes wheezy, irregular or highly labored. Check for obstruction (tongue, tongue, false teeth, vomit, etc.) and remove by sweeping the inside of the mouth with a finger. Encourage victim to cough and pat them on the back to dislodge the object.

Full Blockage - there is little or no audible sound since air cannot move around the blockage. Administer Heimbach-Manöver immediately.

Heimbach-Manöver

- Position victim
- Stand or kneel behind standing or seated victim.
- Make a fist and place it above the navel but under the ribs.
- Grasp the fist with other hand and pull up sharply and rapidly a times.
- Repeat until effective.

Unconscious Victim

- Lay victim on back.
- Place hand on lower half of breastbone, give 5 chest thrusts.
- Look into the mouth and remove any objects.
- Repeat until obstruction cleared.

If alone, lean against hard object (seat back, low divider) and drop down on it to replicate Heimbach-Manöver for throat.